

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008021

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 282

Primary Registration District No.

Registrar's No.

43

FILED MAR 15 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		c. CITY OR TOWN Humansville	
Length of stay in lb all life		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dimmitt Memorial Hospital		d. STREET ADDRESS (If outside, give location) Humansville	
3. NAME OF DECEASED (Type or print) First Milam Middle Andrew Last Hutton		4. DATE OF DEATH Month 3 Day 10 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/16/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY -	
13a. FATHER'S NAME James Hutton		13b. MOTHER'S MAIDEN NAME Josie Endicott	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W. N. 1	
17. INFORMANT Mrs Nellie Hutton		Address Humansville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery Thrombosis		INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:45 a.m. P. Month, Day, Year 3/7/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Humansville, Mo.	
21. I attended the deceased from 3/7/63 to 3/10/63 and last saw him alive on 3/10/63		Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. J. Robinson (Degree or title) M.D.		22b. ADDRESS Humansville, Mo.	
22c. DATE SIGNED 3/11/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3-12-1963		23c. NAME OF CEMETERY OR CREMATORY Humansville Cem	
23d. LOCATION (city, town, or county) Humansville, Mo.		23e. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23f. REGISTRAR'S SIGNATURE Ralph Henderson		23g. FUNERAL DIRECTOR Beckwith Funeral Home	
23h. ADDRESS Humansville, Mo.		23i. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23j. REGISTRAR'S SIGNATURE Ralph Henderson		23k. FUNERAL DIRECTOR Beckwith Funeral Home	
23l. ADDRESS Humansville, Mo.		23m. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23n. REGISTRAR'S SIGNATURE Ralph Henderson		23o. FUNERAL DIRECTOR Beckwith Funeral Home	
23p. ADDRESS Humansville, Mo.		23q. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23r. REGISTRAR'S SIGNATURE Ralph Henderson		23s. FUNERAL DIRECTOR Beckwith Funeral Home	
23t. ADDRESS Humansville, Mo.		23u. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23v. REGISTRAR'S SIGNATURE Ralph Henderson		23w. FUNERAL DIRECTOR Beckwith Funeral Home	
23x. ADDRESS Humansville, Mo.		23y. DATE RECD. BY LOCAL REG. Mar 12, 1963	
23z. REGISTRAR'S SIGNATURE Ralph Henderson		24. FUNERAL DIRECTOR Beckwith Funeral Home	
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24ba. ADDRESS Humansville, Mo.		24bb. DATE RECD. BY LOCAL REG. Mar 12, 1963	
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24be. ADDRESS Humansville, Mo.		24bf. DATE RECD. BY LOCAL REG. Mar 12, 1963	
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24by. ADDRESS Humansville, Mo.		24bz. DATE RECD. BY LOCAL REG. Mar 12, 1963	
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24db. ADDRESS Humansville, Mo.		24dc. DATE RECD. BY LOCAL REG. Mar 12, 1963	
24dd. REGISTRAR'S SIGNATURE Ralph Henderson		24de. FUNERAL DIRECTOR Beckwith Funeral Home	
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MAR 19 1963

MAR 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hermansville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Mar 12, 1963

O. H.